

Home Health Care Services Continue to Expand

By JOSEPHINE ZIMMERMAN
Herald Staff Writer

When Utah County discontinued its Home Health Care program, some people worried that services might be decreased. Instead, they have been expanded under private operation of Intermountain Health Care (IHC).

IHC hired Joan Worthen, former Home Health Care director for the City-County Health Department, and many of the nurses who worked with her formerly. Since then additional nurses and more services have been added.

The IHC Home Health Agency is now located at 1832 S. Columbia Lane, Orem, with the goal of "helping patients and their families achieve optimum physical, emotional, and social well-being

through direct care or referrals."

An open house is planned at the center Oct. 17 from noon to 3 p.m.

Mrs. Worthen reports the agency now offers nursing, care of terminally ill, physical therapy, home health aides, laboratory service, supplies and equipment, homemaker service, medical social work, occupational therapy and nutrition counseling.

She said the agency employs 11 nurses, including two experienced in home health as supervisors, plus 10 clerical employees. In addition, they have a working arrangements with 10 physical therapists.

Now larger, the agency can provide more services to people of Utah Valley who need such help. "Being able to go as a private organization has made it possible to expand the services

we provide. We are interested that quality care that is both cost-effective and cost-beneficial continue," she said.

The agency provides supplies, equipment and care of terminally ill patients.

"For legal reasons we can't go with the Hospice program, but we are offering services for the terminally ill that are not under the same limitations as the federal program has," she reported.

Under the Hospice program, aid can be offered only in the last six months of a patient's life.

"Some patients come to us needing nursing care and become terminally ill. The services for them are already in place and can continue," she explained.

Available under the terminally ill program are qualified specially-trained registered nurses; medical social workers; home-

maker and home health aides; trained volunteer for support and assistance; 24-hour, seven day a week availability; and bereavement counseling following the patient's death.

Nurses are assigned to be on call on a rotation basis and are equipped with beepers. In the next few weeks Mrs. Worthen hopes to add pediatric home care to the program.

New is the bereavement program which helps survivors deal with the loss of loved ones.

"Birthdays, wedding anniversaries, or special events such as Christmas in people's lives create trauma," reports Phyllis Hansen, who is now working with the agency on its bereavement program.

"Our culture is not geared to deal with death. We deny death, and there is very little support

within our culture for people experiencing the trauma of death," she said.

She is working on a program of volunteer services whereby individuals from the community will meet with the bereaved in group seminars or on a one-to-one basis, helping them deal with anger, dealing with holidays, coping with weekends alone, and generally giving emotional and social support.

"The program with terminally ill people is designed to help the dying person live a quality life and die in dignity, surrounded by loved ones and a family environment. In other words, to help the individual die the best kind of death," said Mrs. Worthen. She said the nurses first make an assessment of the patient, and if they don't fit in the guidelines for Home Health Agency care, they

refer the individual to another agency.

"We're seeing a lot sicker patients than previously. There's a tremendous shift in health care," she said, explaining that more people are being cared for in their own homes, and many more terminally ill people are dying at home.

"We're also taking care of a greater number of older people."

An individual qualifies for Home Health Agency services if:

- Services are prescribed by a physician.

• Care can be provided within the scope of IHC services.

• Skilled nursing, physical therapy or speech therapy is needed.

Services can be paid for through Medicare, Medicaid, private insurance, or private pay.

RULES & REGULATIONS GOVERNING
LOCAL HEALTH DEPARTMENTS

EXECUTIVE SUMMARY OF MAJOR ISSUES AND RESPONSIBILITIES

A. Local Responsibilities:

1. Enforce state public health law and rules and regulations promulgated thereunder.
2. Administer all local ordinances, regulations, and standards pertaining to health and sanitation.
3. Create and maintain City-County or district health department through interlocal cooperative agreements.
4. Boards of health are health authority for their areas and the legal policy making body for Local Health Departments and are organized according to statute provisions for consumers and providers. Local board of health appointments, expirations, by-laws, and functions specified.
5. Basic public health services, functions and activities are provided (either directly or indirectly) in accordance with terms of the General Health Contract.
6. Primary responsibility for funding local health departments is that of local governing bodies who also provides maintenance of effort funds from year to year.
7. If a local health department cannot deliver basic public health services, they shall negotiate with and reimburse the state to perform such services.
8. Even though state performs services for local health departments, local governing bodies shall not be released from their responsibility to fund local health departments.
9. Local health officer shall be a physician. If local board of health is unsuccessful in recruiting a physician, they must request waiver from State executive director before considering a non-physician.
10. Physician/medical officer required at local health department with non-physician health officer.

B. State Responsibilities:

1. Monitor performance of all local health departments for delivery of basic public health services specified in General Health Contract.
2. Develop personal health and environmental health record system that can be used to record basic public health activities of local health department.

Wm. H. West
Albion